Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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APR 2 4 2019

NEW HAMPSHIRE

	I. Name of Lobbyist(s) JOOI Combiles	DEPARTMENT OF STA
•	II. Name of lobbyist's partnership, firm or corporation, if any:	
	J. Grinbilis Strategic Solutions LLC. (Name of partnership, firm or corporation)	
	III. Name of Client Date	4/22/19.
	Political Contributions  For each political contribution that is reportable pursuant to RSA Chapter 664 paid client/lobbyist and lobbying firm, indicate the following:	on behalf of the
	Full name of candidate: Committee to Elect House De (Last Name) (First Name) (Middle	e mocrats e Name/Initial)
	Amount of contribution \$ 00 Office Candidate is Seeking	
!	Full name of candidate: Feltes Dan.  (Last Name) (First Name) (Middle)	
		e Name/Initial)
	Amount of contribution \$ 200 Office Candidate is Seeking	perate.
	If the contribution is an in-kind contribution, provide a description of the goods or services actual cost of the in-kind contribution on the line above for amount of contribution. If the a enter an estimated value and the word "estimate."	provided, and enter the actual cost is not known,
1	Full name of candidate: NH Serate Democratic. Cv (Last Name) (First Name) (Middle Amount of contribution \$ 100 Office Candidate is Seeking	PUCUS e Name/Initial)

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(Signature of lobbyist)  (Date)
(Print Name of lobbyist)

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1	Jooi 60.	insilas	NEW HAMPSHIRE DEPARTMENT OF STA
II. Name of lobbyist's parti	nership, firm or corp	oration, if any:	
J. Grinbilis	Strategii	Solutions LLC.	
			4/22/19.
III. Name of Client		Date	1100-111
Political Contributions	on that is reportable p	ursuant to RSA Chapter 664 paid	on behalf of the
client/lobbyist and lobbying			
Full name of candidate:	Cruans	Hichael	
Full name of candidate:	(Last Name)	(First Name) (Middle	Name/Initial)
Amount of contribution \$	100	Office Candidate is Seeking	Heature Council
If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	ibution on the line above	description of the goods or services e for amount of contribution. If the a	provided, and enter the ctual cost is not known,
Full name of candidate:	(Last Name)	(First Name) (Middle	Name/Initial)
,	100	Office Candidate is Seeking	evite.
Amount of contribution \$			
If the contribution is an in-kind	ibution on the line above	description of the goods or services per for amount of contribution. If the ac	provided, and enter the ctual cost is not known,
If the contribution is an in-kind actual cost of the in-kind contri	ibution on the line above	description of the goods or services per for amount of contribution. If the ac	provided, and enter the ctual cost is not known,
If the contribution is an in-kind actual cost of the in-kind contri	ibution on the line above	description of the goods or services per for amount of contribution. If the ac	provided, and enter the ctual cost is not known,
If the contribution is an in-kind actual cost of the in-kind contri	ibution on the line above	description of the goods or services per for amount of contribution. If the ac	provided, and enter the ctual cost is not known,
If the contribution is an in-kind actual cost of the in-kind contri	ibution on the line above	description of the goods or services per for amount of contribution. If the action of the goods or services per for amount of contribution. If the action of the goods or services per for amount of contribution. If the action of the goods or services per for amount of contribution.	ctual cost is not known,

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
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Sworn Statement/Affirmation by Lobbyist
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(Signature of lobbyist)  (Date)
(Print Name of lobbyist)

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NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	J001 600	mbilas		DEPARTMENT OF 3
II. Name of lobbyist's part	nership, firm or corp	oration, if any:		
J. Grinbilis	s Strategic crship, firm or corporation)	Solutions	LLC.	
			Date	4/22/19.
Political Contributions For each political contribut client/lobbyist and lobbying			ter 664 paid oi	behalf of the
Full name of candidate:	Kahn (Last Name)	JAY (First Name)	(Middle N	ame/Initial)
Amount of contribution \$	100	Office Candidate is	SeekingSe	inate.
Full name of candidate:	Rosenuald (Last Name)	(First Name)	(Middle N	ame/initial)
Amount of contribution \$	100	Office Candidate is	Seeking <u>St</u>	ati Serati
If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	ibution on the line above	for amount of contribu	s or services protion. If the actu	ovided, and enter the lal cost is not known,
Full name of candidate:	Dietsch (Last Name)	Jeann (First Name)	(Middle N	ame/Initial)
Amount of contribution \$	0.6	Office Candidate is	Seeking Sto	ate Senate.

(If more tha	three contributions were ma	ade, report additional contribution	ns on separate addendum C forms.)	
Sworn St	atement/Affirmation b	y Lobbyist		
		nd RSA 664 and hereby sw f my knowledge and belief	ear or affirm that the foregoi	ng information
	Le Stumb	lus o las	4/2	3/17.

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NEW HAMPSHIRE

I. Name of Lobbyist(s)	Jooi 6	rimbilas	DEPARTMENT OF
II. Name of lobbyist's pa	rtnership, firm or cor	poration, if any:	
J. Grinbil	rtnership, firm or corporation)	i Solutions	LLC.
III. Name of Client			Date 4/22/19.
Political Contributions For each political contrib client/lobbyist and lobbyi			oter 664 paid on behalf of the
Full name of candidate:	Soucy (Last Name)	Donna (First Name)	(Middle Name/Initial)
	•	(FIRST Name)	s Seeking State Serate
Amount of contribution \$ _	0.00	Office Candidate	s Seeking Old 12 32 but
actual cost of the in-kind co enter an estimated value and	the word "estimate."		Tom
_	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	100	Office Candidate is	: Seeking State Senate
If the contribution is an in-k actual cost of the in-kind cor enter an estimated value and	ntribution on the line abo	a description of the good ve for amount of contribu	ds or services provided, and enter the ution. If the actual cost is not known,
Full name of candidate: _	Birdsell (Last Name)	(First Name)	(Middle Name/Initial)
			Seeking State Senate.

(If more than three contributions w	ere made, report additional contributi	ons on separate addendum C forms	.)
Sworn Statement/Affirmat	ion by Lobbyist		
•	i-B and RSA 664 and hereby so est of my knowledge and belie	_	oing information
(Signature of lobbyist)	<u> </u>	4/2	2/19.

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NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	Jooi 6	rimbilas		DEPARTMENT OF
II. Name of lobbyist's pa	rtnership, firm or coi	poration, if any:		
J. Grinbil	is Strategi	i Solutions	LLC.	
(Name of pa				4/22/19.
Political Contributions For each political contributions client/lobbyist and lobbyi	ution that is reportable	pursuant to RSA Chapte		on behalf of the
Full name of candidate:				
Amount of contribution \$	100	Office Candidate is S	Seeking _S	bute Senate.
Full name of candidate: _	Staw (Last Name)	(First Name)		Vame/Initial)
Amount of contribution \$	100	Office Candidate is S	eeking <u>S</u> †	ate Servite.
If the contribution is an in-ki actual cost of the in-kind cor enter an estimated value and	ntribution on the line above	a description of the goods we for amount of contributi	or services proon. If the act	rovided, and enter the ual cost is not known,
Full name of candidate: _	(Last Name)	(First Name)	`	Name/Initial)
Amount of contribution \$	100	Office Candidate is Se		bute Senate

		word "estimate."		
(If more than three	e contributions we	re made, report additional co	ntributions on separate	addendum C forms.)
Sworn Stater	nent/Affirmatio	on by Lobbyist		
	-	B and RSA 664 and her st of my knowledge and	-	m that the foregoing informati
Sour	Him			4/20/19
(Cimonus of	lobbyist)			(Date)

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Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	7001 60	imbilas	DEPARTMENT OF S
II. Name of lobbyist's part	nership, firm or corp	ooration, if any:	
J. Grinbila (Name of parts	s Strategi icrship, firm or corporation)	i Solutions 1	LLC.
III. Name of Client			Date
Political Contributions For each political contribut client/lobbyist and lobbying	ion that is reportable pg firm, indicate the fol	oursuant to RSA Chapte lowing:	r 664 paid on behalf of the
Full name of candidate:	,	•	(Middle Name/Initial)
Amount of contribution \$	100	Office Candidate is S	Seeking State Serate
enter an estimated value and t	+ ,	Цала	
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	160	Office Candidate is S	ecking State Senate
If the contribution is an in-kin actual cost of the in-kind contrenter an estimated value and the	ribution on the line abov	description of the goods of the	or services provided, and enter the on. If the actual cost is not known,
Full name of candidate:	(Last Name)	Jon · (First Name)	(Middle Name/Initial)
Amount of contribution \$	00 _	Office Candidate is S	ecking State Grate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
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Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(Signature of lobbyist)  (Print Name of lobbyist)  (Date)
(Come come of the Come)

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II. Name of lobbyist's pa			1	DEPARTMENT OF
7 10 101	rtnership, firm or corp	poration, if any:		
J. Privar	rtnership, firm or corporation)	i Solutions	LLC.	
(Name of pa				4/22/19.
Political Contributions For each political contributions client/lobbyist and lobbyi			er 664 paid or	n behalf of the
Full name of candidate:	(Last Name)	(First Name)	(Middle N	ame/Initial)
Amount of contribution \$	100	Office Candidate is	Seeking St	ste Senata
If the contribution is an in-k actual cost of the in-kind corenter an estimated value and	ntribution on the line abov	a description of the goods e for amount of contribut	or services preion. If the actu	ovided, and enter the ual cost is not known,
Full name of candidate: _	Watters (Last Name)	David (First Name)	(Middle N	ame/Initial)
Amount of contribution \$	100	Office Candidate is S	eeking <u>St</u>	ite Senati
If the contribution is an in-ki actual cost of the in-kind con enter an estimated value and	ind contribution, provide a atribution on the line above	description of the goods	or services pro	vided, and enter the

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
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(Signature) of lobbyist)  (Date)
(Print Name of lobbyist)

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II. Name of lobbyist's partnership, firm or corporation, if any:	
J. Grinbilas Strategic Solutions LLG (Name of partnership, firm or corporation)	<u>c.                                    </u>
	ate 4/20/19.
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 client/lobbyist and lobbying firm, indicate the following:	paid on behalf of the
Full name of candidate: They Clark Marty (First Name) (First Name)	
Amount of contribution \$ \\ \bar{b} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ng State Sevate
If the contribution is an in-kind contribution, provide a description of the goods or ser actual cost of the in-kind contribution on the line above for amount of contribution. I enter an estimated value and the word "estimate."	rvices provided, and enter the f the actual cost is not known,
Full name of candidate: Clast Name) (First Name) (First Name)	
,	_
If the contribution is an in-kind contribution, provide a description of the goods or ser actual cost of the in-kind contribution on the line above for amount of contribution. It enter an estimated value and the word "estimate."	vices provided, and enter the f the actual cost is not known,
Full name of candidate: Commettee to Elect House (Last Name) (First Name) (I	e Republican's Middle Nime/Initial)
Amount of contribution \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	g

If the contribution is an in-kind contribution, provide a description actual cost of the in-kind contribution on the line above for amounter an estimated value and the word "estimate."	
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(Signature of lobbyist)  Tool Gausslas  (Print Name of lobbyist)	4/28/19. (Date)

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NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)			
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II. Name of lobbyist's par	• •	•	
J. Grinbila (Name of part	s Stratea	ic Solutions	LLC.
(Name of part	nership, firm or corporation	h ·	. 1
III. Name of Client			Date 4/22/19.
Political Contributions		DCA Chan	oter 664 maid on habalf of the
client/lobbyist and lobbyin			oter 664 paid on behalf of the
chemotoobyist and loobyin	g mm, maleate the	10110 WING.	
		$\mathcal{O}$	()
Full name of candidate:	Mrescutt	KUSS-	(Middle Name/Initial)
Amount of contribution \$	100	Office Candidate i	is Seeking Executive Counc
			ds or services provided, and enter the
Full name of candidate:			
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
			(Middle Name/Initial)
Amount of contribution \$  If the contribution is an in-kin actual cost of the in-kind contribution is an in-kind contribution in the in-	d contribution, provid	Office Candidate is	
Amount of contribution \$  If the contribution is an in-kin actual cost of the in-kind cont	d contribution, provid	Office Candidate is	s Seeking
Amount of contribution \$	d contribution, provide ribution on the line ab the word "estimate."	Office Candidate is le a description of the good ove for amount of contribution	ds or services provided, and enter the ution. If the actual cost is not known,
If the contribution is an in-kin	d contribution, provid	Office Candidate is	ds or services provided, and enter the ution. If the actual cost is not known,  (Middle Name/Initial)

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(Signature of lobbyist)  (Date)
(Print Name of lobbyist)

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